

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212548188				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: LIN Television Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1278789</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE WEST EXCHANGE STREET SUITE 5A</p> <p style="text-align: center;">CITY/ST/ZIP: PROVIDENCE, RI 02903</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: </td> <td style="width: 40%; vertical-align: top;"> VINCENT L SADUSKY P/CEO ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINCENT L SADUSKY P/CEO ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	DANIEL V DONOHUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP HUMAN RESOUR		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	REBECCA F. DUKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP DISTRIBUTION		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	WILLIAM J. GAFFNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP DIGITAL OPER		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	MARK HIGGINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WTNH-WCTX		
CITY/ST/ZIP/CO:	8 ELM STREET NEW HAVEN, CT 06510		
NAME:	BRETT E. JENKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CTO		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	JOHN MICHAEL KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP DIGITAL REVE		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	NICHOLAS N. MOHAMED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CONTROLLER		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	CHRISTOPHER MUSIAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WIVB-WNLO		
CITY/ST/ZIP/CO:	2077 ELMWOOD AVENUE BUFFALO, NY 14207		
NAME:	WILLIAM PEPIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WWLP		
CITY/ST/ZIP/CO:	ONE BROADCAST CENTER CHICOPEE, MA 01013		
NAME:	ALAN RIEBE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WANE		
CITY/ST/ZIP/CO:	2915 W. STATE BLVD FT. WAYNE, IN 46808		

NAME:	TODD WEBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WTHI		
CITY/ST/ZIP/CO:	918 OHIO STREET TERRE HAUTE, IN 47807		
NAME:	JEFFERY G WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WISH-WNDY		
CITY/ST/ZIP/CO:	1950 N. MERIDIAN STREET INDIANAPOLIS, IN 46202		
NAME:	JAY T. ZOLLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WLUK		
CITY/ST/ZIP/CO:	787 LOMBARDI AVENUE GREEN BAY, WI 54304		
NAME:	LISA A MANNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	JOSHUA N PILA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	KATHERINE M WHALEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	RICHARD J. SCHMAELING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	ROBERT RICHTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP NEW MEDIA		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903		
NAME:	Joseph McNamara	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	88 Piikoi Street		
CITY/ST/ZIP/CO:	Honolulu, HI 96814		
NAME:	Stephen Martinson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	112 North Pennsylvania		
CITY/ST/ZIP/CO:	Mason City, IA 50401		

NAME:	William t Perry	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	222 Columbia		
CITY/ST/ZIP/CO:	Portland, OR 97201		
NAME:	John R Dawson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	833 North Main Street		
CITY/ST/ZIP/CO:	Wichita, KS 67203		
NAME:	Jean Turnbough	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6835 Northwest Highway 24		
CITY/ST/ZIP/CO:	Topeka, KS 66618		
NAME:	William Ballard	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2075 Golden Crest Drive		
CITY/ST/ZIP/CO:	Birmingham, AL 35209		
NAME:	David H Coy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3930 Sunset Boulevard		
CITY/ST/ZIP/CO:	Youngstown, OH 44512		
NAME:	Stephen Clare	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	908 W Martin Luther King Blvd		
CITY/ST/ZIP/CO:	Austin, TX 78701		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISA A MANNING	LISA A MANNING, ASST SEC	12/14/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			